

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) James M Rockett
Name
(2) 14155 43rd Road
Address (number and street)
Loxahatchee, FL 33470
City, State, Zip Code

OFFICE USE ONLY
RECEIVED
DEC 09 2015
BY: V. Walton 10:35AM.

☐ Check here if address has changed

(3) ID Number: _____

(4) Check appropriate box(es):

☒ Candidate Office Sought: Loxahatchee Groves Town Council - Seat 2

☐ Political Committee (PC)

☐ Electioneering Communications Org. (ECO)

☐ Party Executive Committee (PTY)

☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)

☐ Check here if PC or ECO has disbanded

☐ Check here if PTY has disbanded

☐ Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 11 / 1 / 2015 To 11 / 30 / 2015 Report Type: M11

☒ Original

☐ Amendment

☐ Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____, _____, 300.00 R

Loans \$ _____, _____, 300.00

Total Monetary \$ _____, _____, 300.00

In-Kind \$ _____, _____, _____

(7) Expenditures This Report

Monetary Expenditures \$ _____, _____, 76.95

Transfers to Office Account \$ _____, _____, _____

Total Monetary \$ _____, _____, 76.95

(8) Other Distributions

\$ _____, _____, _____

(9) TOTAL Monetary Contributions To Date

\$ _____, _____, 300.00

(10) TOTAL Monetary Expenditures To Date

\$ _____, _____, 76.95

(11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name) James M Rockett

☐ Individual (only for IE or electioneering comm.) ☒ Treasurer ☐ Deputy Treasurer

X James M Rockett
Signature

(Type name) James M Rockett

☒ Candidate ☐ Chairperson (only for PC and PTY)

X James M Rockett
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name James M Rockett (2) I.D. Number _____

(3) Cover Period 11 / 1 / 15 through 11 / 30 / 15 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation	(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
(6) Sequence Number						
11 / 6 / 15	Rockett, James M	S retired	CAS JR			\$300.00
1	14155 43 rd Road Loxahatchee, FL 33470		LOA			
/ /						
/ /						
/ /						
/ /						
/ /						

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name James M Rockett (2) I.D. Number _____
 (3) Cover Period 11/1/15 through 11/30/15 (4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Purpose (add office sought if contribution to a candidate)	(9) Expenditure Type	(10) Amendment	(11) Amount
(6) Sequence Number					
11/9/15	Town of Loxahatchee Groves 155 F Road Loxahatchee, FL 33470		CAN		\$160.00
11/18/15	SunTrust Bank 9951 Okeechobee Blvd W.P.B., FL 33411		CAN		\$16.95
1/1					
1/1					
1/1					
1/1					
1/1					
1/1					

**APPOINTMENT OF CAMPAIGN TREASURER
AND DESIGNATION OF CAMPAIGN
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

RECEIVED
NOV 06 2015

BY: R. Walton
3:21 PM

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

OFFICE USE ONLY

1. CHECK APPROPRIATE BOX(ES):

☒ Initial Filing of Form Re-filing to Change: ☐ Treasurer/Deputy ☐ Depository ☐ Office ☐ Party

2. Name of Candidate (in this order: First, Middle, Last)

James M Rockett

3. Address (include post office box or street, city, state, zip code)

14155 43rd Rd
Loxahatchee, FL 33470

4. Telephone

()

5. E-mail address

jrockett@loxahatchee.groves
fl.gov

6. Office sought (include district, circuit, group number)

Loxahatchee Groves Town Council-Seat #2

7. If a candidate for a nonpartisan office, check if applicable:

☐ My intent is to run as a Write-In candidate.

8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a

☐ Write-In ☐ No Party Affiliation ☐ _____ Party candidate.

9. I have appointed the following person to act as my ☒ Campaign Treasurer ☐ Deputy Treasurer

10. Name of Treasurer or Deputy Treasurer

James Rockett

11. Mailing Address

14155 43rd Rd

12. Telephone

()

13. City

Loxahatchee

14. County

Palm Beach

15. State

FL

16. Zip Code

33470

17. E-mail address

jrockett@loxahatchee.grovesfl.gov

18. I have designated the following bank as my

☐ Primary Depository ☐ Secondary Depository

19. Name of Bank

Sun Trust Bank

20. Address

9951 Okeechobee Blvd

21. City

West Palm Beach

22. County

Palm Beach

23. State

FL

24. Zip Code

33411

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.

25. Date

11/6/2015

26. Signature of Candidate

☒ James Rockett

27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)

I, James M Rockett, do hereby accept the appointment
(Please Print or Type Name)

designated above as: ☒ Campaign Treasurer ☐ Deputy Treasurer.

11/6/2015
Date

☒

James Rockett
Signature of Campaign Treasurer or Deputy Treasurer